

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

ADDRESS (number and street)

PO Box 1172

Check if different  
than previously  
reported. (ACC)

Alexandria

VA

22313

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00423095

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Joseph Bohm

Signature of Treasurer

Electronically Filed by Joseph Bohm

Date

01

19

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 21

Write or Type Committee Name

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		41438.89
(b) Cash on Hand at Beginning of Reporting Period .....	25195.91	
(c) Total Receipts (from Line 19) .....	43000.00	87250.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	68195.91	128688.89
7. Total Disbursements (from Line 31) .....	12725.85	73218.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	55470.06	55470.06
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 21

Write or Type Committee Name

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	43000.00	87250.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	43000.00	87250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	43000.00	87250.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	43000.00	87250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	43000.00	87250.00

## DETAILED SUMMARY PAGE

of Disbursements

4 / 21

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	12725.85	33321.97	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	12725.85	33321.97	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	39896.86	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12725.85	73218.83	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12725.85	73218.83	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 21

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	43000.00	87250.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43000.00	87250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12725.85	33321.97
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12725.85	33321.97

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

**A.**

Full Name (Last, First, Middle Initial)

Malcom W. Barrett

Mailing Address 2054 Old Kettle Dr

City

Prescott

State

AZ

Zip Code

86305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4768

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Martha Burr

Mailing Address 801 Travis St Ste 2000

City

Houston

State

TX

Zip Code

77002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.4738

Amount of Each Receipt this Period

5000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Margaretanne Campbell

Mailing Address 3398 Darby

City

Keswick

State

VA

Zip Code

22947

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.4752

Amount of Each Receipt this Period

5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

A.

Full Name (Last, First, Middle Initial)

Scott Harding

Mailing Address 3633 Broadleaf Ct

City

Glenwood

State

MD

Zip Code

21738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
F.B. Harding Inc.

Occupation

Electrical Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4724

Amount of Each Receipt this Period

3000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Carlotta A. Lilly

Mailing Address PO Box 186

City

Basye

State

VA

Zip Code

22810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4735

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Sam Rashid

Mailing Address PO Box 2190

City

Brandon

State

FL

Zip Code

33509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holtec USA Corporation

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.4747

Amount of Each Receipt this Period

5000.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

9000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joseph Y. Stock

Mailing Address 1854 Kanauha Dr

City

Stone Mountain

State

GA

Zip Code

30087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Better Hearing Aid Service

Occupation  
Co-owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.4746

Amount of Each Receipt this Period

5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mark Sykes

Mailing Address 544 E Ponce De Leon Ave

City

Decatur

State

GA

Zip Code

30030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Combined Services

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.4745

Amount of Each Receipt this Period

3000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Mark Sykes

Mailing Address 544 E Ponce De Leon Ave

City

Decatur

State

GA

Zip Code

30030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Combined Services

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.4753

Amount of Each Receipt this Period

2000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

**A.**

Full Name (Last, First, Middle Initial)

Suzanne S. Sykes

Mailing Address 544 E Ponce De Leon Ave

City State Zip Code  
 Decatur GA 30030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Combined Services

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.4734

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Suzanne S. Sykes

Mailing Address 544 E Ponce De Leon Ave

City State Zip Code  
 Decatur GA 30030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Combined Services

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.4744

Amount of Each Receipt this Period

2000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Renee M. Watson

Mailing Address PO Box 310

City State Zip Code  
 Bellefontaine OH 43311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Watson & Associates

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4754

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

**A.**

Full Name (Last, First, Middle Initial)

Ada Weiller

Mailing Address 38 Bramble Grove Place

City

Santa Rosa Beach

State

FL

Zip Code

32459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.4740

Amount of Each Receipt this Period

5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

William Weiller

Mailing Address 38 Bramble Grove Place

City

Santa Rosa Beach

State

FL

Zip Code

32459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.4739

Amount of Each Receipt this Period

5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

43000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 21

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53733

City  
Phoenix

State  
AZ

Zip Code  
85072

Purpose of Disbursement  
PAC Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4730

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.95

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53733

City  
Phoenix

State  
AZ

Zip Code  
85072

Purpose of Disbursement  
PAC Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4736

Date of Disbursement

/   /

Amount of Each Disbursement this Period

97.50

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53733

City  
Phoenix

State  
AZ

Zip Code  
85072

Purpose of Disbursement  
PAC Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4742

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.95

**SUBTOTAL** of Disbursements This Page (optional) .....

107.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> SB21B.4743 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53733	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	4		2	0	0	9												
City Phoenix State AZ Zip Code 85072	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Credit Card Processing	<table border="1"> <tr> <td colspan="10">32.50</td> </tr> </table>	32.50																			
32.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> SB21B.4755 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53733	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	0	9												
City Phoenix State AZ Zip Code 85072	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Credit Card Processing	<table border="1"> <tr> <td colspan="10">4.95</td> </tr> </table>	4.95																			
4.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> SB21B.4756 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53733	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	0	9												
City Phoenix State AZ Zip Code 85072	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Credit Card Processing	<table border="1"> <tr> <td colspan="10">487.50</td> </tr> </table>	487.50																			
487.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**524.95**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53733</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement PAC Credit Card Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4761</p> <p>Date of Disbursement  <div> <div>11</div> <div>10</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>4.95</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53733</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement PAC Credit Card Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4762</p> <p>Date of Disbursement  <div> <div>11</div> <div>16</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>65.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Koch &amp; Hoos LLC</p> <p>Mailing Address 901 N Washington St Ste 102</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement PAC Accounting/Compliance Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4722</p> <p>Date of Disbursement  <div> <div>07</div> <div>01</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>387.55</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**457.50**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 21

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Koch & Hoos LLC	<b>Transaction ID:</b> SB21B.4731 <b>Date of Disbursement</b>
Mailing Address 901 N Washington St Ste 102	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 9</div> </div>
City Alexandria State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAC Accounting/Compliance Services Candidate Name	<div> <div>392.75</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Koch & Hoos LLC	<b>Transaction ID:</b> SB21B.4733 <b>Date of Disbursement</b>
Mailing Address 901 N Washington St Ste 102	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 7 / 2 0 0 9</div> </div>
City Alexandria State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAC Accounting/Compliance Services Candidate Name	<div> <div>661.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Koch & Hoos LLC	<b>Transaction ID:</b> SB21B.4737 <b>Date of Disbursement</b>
Mailing Address 901 N Washington St Ste 102	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 8 / 2 0 0 9</div> </div>
City Alexandria State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PAC Accounting/Compliance Services Candidate Name	<div> <div>213.70</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1267.45**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Koch & Hoos LLC	<b>Transaction ID:</b> SB21B.4757 <b>Date of Disbursement</b>																				
Mailing Address 901 N Washington St Ste 102	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	9												
City Alexandria State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Accounting/Compliance Services Candidate Name	<table border="1"> <tr> <td colspan="10">521.80</td> </tr> </table>	521.80																			
521.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Koch & Hoos LLC	<b>Transaction ID:</b> SB21B.4765 <b>Date of Disbursement</b>																				
Mailing Address 901 N Washington St Ste 102	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	9												
City Alexandria State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Accounting/Compliance Services Candidate Name	<table border="1"> <tr> <td colspan="10">313.90</td> </tr> </table>	313.90																			
313.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Koch & Hoos LLC	<b>Transaction ID:</b> SB21B.4767 <b>Date of Disbursement</b>																				
Mailing Address 901 N Washington St Ste 102	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	4		2	0	0	9												
City Alexandria State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAC Accounting/Compliance Services Candidate Name	<table border="1"> <tr> <td colspan="10">130.75</td> </tr> </table>	130.75																			
130.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**966.45**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

**A.**

Full Name (Last, First, Middle Initial)

Mari & Co. LLC

Mailing Address 501 Slaters Ln Ste 1105  
Marina Towers

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4723

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Mari & Co. LLC

Mailing Address 501 Slaters Ln Ste 1105  
Marina Towers

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4750

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mari & Co. LLC

Mailing Address 501 Slaters Ln Ste 1105  
Marina Towers

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
PAC Fundraising Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4766

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**8500.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

**A.** Full Name (Last, First, Middle Initial)  
Merchant Credit Card Processing

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
PAC Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4725

Date of Disbursement

/   /

Amount of Each Disbursement this Period

21.37

**B.** Full Name (Last, First, Middle Initial)  
Merchant Credit Card Processing

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
PAC Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4726

Date of Disbursement

/   /

Amount of Each Disbursement this Period

62.42

**C.** Full Name (Last, First, Middle Initial)  
Merchant Credit Card Processing

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
PAC Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4727

Date of Disbursement

/   /

Amount of Each Disbursement this Period

99.00

**SUBTOTAL** of Disbursements This Page (optional) .....

182.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

**A.** Full Name (Last, First, Middle Initial)  
Merchant Credit Card Processing

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
PAC Merchant Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4728

Date of Disbursement

/   /

Amount of Each Disbursement this Period

29.70

**B.** Full Name (Last, First, Middle Initial)  
Merchant Credit Card Processing

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
PAC Merchant Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4729

Date of Disbursement

/   /

Amount of Each Disbursement this Period

19.95

**C.** Full Name (Last, First, Middle Initial)  
Merchant Credit Card Processing

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
PAC Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4741

Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.90

**SUBTOTAL** of Disbursements This Page (optional) .....

89.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

**A.** Full Name (Last, First, Middle Initial)  
Merchant Credit Card Processing

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
PAC Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.4751

Date of Disbursement

10 / 05 / 2009

Amount of Each Disbursement this Period

39.90

**B.** Full Name (Last, First, Middle Initial)  
Merchant Credit Card Processing

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
PAC Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.4758

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

104.02

**C.** Full Name (Last, First, Middle Initial)  
Merchant Credit Card Processing

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
PAC Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.4759

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

21.44

**SUBTOTAL** of Disbursements This Page (optional) .....

165.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

**A.** Full Name (Last, First, Middle Initial)  
Merchant Credit Card Processing

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
PAC Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4763

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

49.50

**B.** Full Name (Last, First, Middle Initial)  
Merchant Credit Card Processing

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
PAC Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4764

Date of Disbursement

12 / 04 / 2009

Amount of Each Disbursement this Period

39.90

**C.** Full Name (Last, First, Middle Initial)  
New Media Communications

Mailing Address 3046 Brecksville Road

City Richfield State OH Zip Code 44286

Purpose of Disbursement  
PAC Web Hosting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4732

Date of Disbursement

08 / 04 / 2009

Amount of Each Disbursement this Period

125.00

**SUBTOTAL** of Disbursements This Page (optional) .....

214.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TRUST IN SMALL BUSINESS POLITICAL ACTION COMMITTEE (TISB PAC)

**A.**

Full Name (Last, First, Middle Initial)

New Media Communications

Mailing Address 3046 Brecksville Road

City Richfield State OH Zip Code 44286

Purpose of Disbursement  
PAC Web Hosting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4749

Date of Disbursement

10 / 05 / 2009

Amount of Each Disbursement this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

New Media Communications

Mailing Address 3046 Brecksville Road

City Richfield State OH Zip Code 44286

Purpose of Disbursement  
PAC Web Hosting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.4760

Date of Disbursement

11 / 08 / 2009

Amount of Each Disbursement this Period

125.00

**SUBTOTAL** of Disbursements This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

12725.85